
State: Arkansas **Filing Company:** American General Life Insurance Company
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: AG GuaranteePlus IUL Riders
Project Name/Number: AG GuaranteePlus IUL Riders/AG GuaranteePlus IUL Riders

Filing at a Glance

Company: American General Life Insurance Company
Product Name: AG GuaranteePlus IUL Riders
State: Arkansas
TOI: L09I Individual Life - Flexible Premium Adjustable Life
Sub-TOI: L09I.001 Single Life
Filing Type: Form
Date Submitted: 11/05/2012
SERFF Tr Num: AMGN-128755166
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 12261

Implementation
Date Requested:
Author(s): Nancy Smith, Janice Hooey
Reviewer(s): Linda Bird (primary)
Disposition Date: 11/08/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** American General Life Insurance Company
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: AG GuaranteePlus IUL Riders
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General Information

Project Name: AG GuaranteePlus IUL Riders	Status of Filing in Domicile: Authorized
Project Number: AG GuaranteePlus IUL Riders	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 11/08/2012
	State Status Changed: 11/08/2012
Deemer Date:	Created By: Janice Hooey
Submitted By: Janice Hooey	Corresponding Filing Tracking Number: 12436

Filing Description:

RE: 12261– Annual Point-To-Point Fixed Index Interest Account with Participation Rate Rider
12262– Annual Point-To-Point Fixed Index Interest Account with Index Cap Rider

Dear Sir or Madam:

These riders are being submitted for your consideration and approval. They are new and when approved will not replace any riders previously approved by your Department.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

Form 12261 is an Annual Point-to-Point Fixed Index Interest Account with Participation Rate Rider. Index interest is calculated based in part on the annual point-to-point percentage change in the S&P 500. Index interest is not guaranteed, will vary from year to year and will depend on the declared Participation Rate and changes in the S&P 500, and may be zero. Each Index Account will have a duration of one year with interest, if any, being credited at the end of each year. Index interest is in addition to the guaranteed interest that is credited monthly during the year. The Account's guaranteed interest rate is shown on the Rider Schedule. The Initial Participation Rate is declared at issue and guaranteed for the Account established on the Date of Issue. New Participation Rates may be declared at anytime and will apply to each new Account. Declared Participation Rates will never be less than the minimum Participation Rate shown on the Rider Schedule. Once an Account is created the Participation Rate for that Account will not change.

Form 12262 is an Annual Point-to-Point Fixed Index Interest Account with Index Cap Rider. Index interest is calculated based in part on the annual point-to-point percentage change in the S&P 500 Index. Index interest is not guaranteed, will vary from year to year and will depend on the declared Index Cap and changes in the S&P 500, and may be zero. Each Index Account will have a duration of one year with interest, if any, being credited at the end of each year. Index interest is in addition to the guaranteed interest that is credited monthly during the year. The Account's guaranteed interest rate is shown on the Rider Schedule. The Initial Index Cap is declared at issue and guaranteed for the Account established on the Date of Issue. New Index Caps may be declared at anytime and will apply to each new Account. Declared Index Caps will never be less than the minimum Index Cap shown on the Rider Schedule. Once an Account is created the Index Cap for that Account will not change.

These riders are written so that they can be attached to individual fixed index interest flexible premium adjustable life insurance policies approved by your Department.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed forms, including sequential ordering of the

State: Arkansas **Filing Company:** American General Life Insurance Company
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: AG GuaranteePlus IUL Riders
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provisions, and type font, size and color.

These forms have been written using simplified language. The Flesch Readability scores are as follows:

Form	Score	Words	Syllables	Sentences
12261	52.337	1,465	2,376	86
12262	55.148	1,459	2,319	86

If you have any questions or require additional assistance, please do not hesitate to call me at (800) 247-8837, extension 8313194. You may also reach me via e-mail at the following address: Nancy.M.Smith@aglife.com.

Sincerely,
Nancy Smith

Compliance Administrator

Company and Contact

Filing Contact Information

Nancy Smith, Compliance Analyst Sr.	Nancy.Smith@valic.com
2919 Allen Parkway, L10-30	713-831-6070 [Phone]
Houston, TX 77019	713-831-6932 [FAX]

Filing Company Information

American General Life Insurance Company	CoCode: 60488	State of Domicile: Texas
2727-A Allen Parkway	Group Code: 12	Company Type:
Houston, TX 77019	Group Name: AIG	State ID Number:
(713) 831-3508 ext. [Phone]	FEIN Number: 25-0598210	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	\$100.00 per filing
Per Company:	No

Company	Amount	Date Processed	Transaction #
American General Life Insurance Company	\$100.00	11/05/2012	64583597

State:	Arkansas	Filing Company:	American General Life Insurance Company
TOI/Sub-TOI:	L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life		
Product Name:	AG GuaranteePlus IUL Riders		
Project Name/Number:	AG GuaranteePlus IUL Riders/AG GuaranteePlus IUL Riders		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/08/2012	11/08/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Statement of Variability	Janice Hooey	11/06/2012	11/06/2012

State:	Arkansas	Filing Company:	American General Life Insurance Company
TOI/Sub-TOI:	L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life		
Product Name:	AG GuaranteePlus IUL Riders		
Project Name/Number:	AG GuaranteePlus IUL Riders/AG GuaranteePlus IUL Riders		

Disposition

Disposition Date: 11/08/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	L4339 Notice		Yes
Supporting Document (revised)	Statement of Variability		Yes
Supporting Document	Statement of Variability	Replaced	Yes
Form	Annual Point-To-Point Fixed Index Interest Account with Participation Rate Rider		Yes
Form	Annual Point-To-Point Fixed Index Interest Account with Index Cap Rider		Yes

SERFF Tracking #:	AMGN-128755166	State Tracking #:		Company Tracking #:	12261
State:	Arkansas	Filing Company:	American General Life Insurance Company		
TOI/Sub-TOI:	L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life				
Product Name:	AG GuaranteePlus IUL Riders				
Project Name/Number:	AG GuaranteePlus IUL Riders/AG GuaranteePlus IUL Riders				

Amendment Letter

Submitted Date: 11/06/2012

Comments:

Attached are corrected Statement of Variability forms.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	
12261 stmt of variability.pdf	
12262 stmt of variability.pdf	
<i>Previous Version</i>	
<i>Satisfied - Item:</i>	<i>Statement of Variability</i>
<i>Comments:</i>	
<i>Attachment(s):</i>	
<i>12261 stmt of variability.pdf</i>	
<i>12262 stmt of variability.pdf</i>	

State:	Arkansas	Filing Company:	American General Life Insurance Company
TOI/Sub-TOI:	L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life		
Product Name:	AG GuaranteePlus IUL Riders		
Project Name/Number:	AG GuaranteePlus IUL Riders/AG GuaranteePlus IUL Riders		

Form Schedule

Lead Form Number: 12261								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Annual Point-To-Point Fixed Index Interest Account with Participation Rate Rider	12261	POLA	Initial		52.337	12261_ANNUAL_PNT_TO_PNT_FIXED_IIA_WITH_PARTICIPATION_RATE_RIDER.pdf
2		Annual Point-To-Point Fixed Index Interest Account with Index Cap Rider	12262	POLA	Initial		55.148	12262_ANNUAL_PNT_TO_PNT_FIXED_IIA_WITH_INDEX_CAP_RIDER.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

AMERICAN GENERAL LIFE INSURANCE COMPANY

ANNUAL POINT-TO-POINT FIXED INDEX INTEREST ACCOUNT WITH PARTICIPATION RATE RIDER

This rider has been added to and made a part of the policy to which it is attached.

This rider allows the addition of Fixed Index Interest Accounts to the policy to which it is attached. Each Participation Rate Account (Account) will have a duration of one year (Account Period). Each Account Period begins on the Allocation Day and ends on the same Allocation Day of the same month one year later. The initial Account Period begins on the Allocation Day shown on the Rider Schedule. (For example, an Account with an Account Period beginning on January 5, 2012 will end on January 5, 2013. The subsequent Account Period will begin on January 5, 2013.) Fixed Index Interest (Index Interest) may be credited to the policy's Accumulation Value as described in this rider. This rider will remain in force if the Owner elects to extend coverage past the Maturity Date stated on the Policy Schedule. However, premium payments will not be accepted after the Maturity Date.

Index Interest, if any, will be credited at the end of each Account Period. Index Interest is calculated based in part on the annual point-to-point percentage change in the S&P 500® ("Index"). Index Interest: 1) will vary among the various Accounts; 2) will depend upon the Participation Rates and changes in the S&P 500; 3) and may be zero. Index interest will never be less than zero. The Index does not reflect dividends. Since Index Interest is determined at the end of each Account Period, no Index Interest will be added: 1) to the amount paid as a full surrender; 2) to the amount paid as a partial surrender; or 3) upon the death of the Insured (or the Last Surviving Contingent Insured, if applicable) occurring prior to the end of an Account Period.

Guaranteed interest will be credited monthly during the Account Period. The Account Guaranteed Interest Rate is shown on the Rider Schedule and will never change. Index Interest is in addition to guaranteed interest and is credited at the end of each Account Period. Interest credited on an Account will be added to that Account.

S&P 500. References in this rider to the S&P 500 mean the S&P 500® index, without dividends. It is an index of the stock of 500 publicly traded companies. The S&P 500 Value on the Date of Issue is shown on the Rider Schedule. "S&P 500 Value" means the value of the S&P 500 that is published by S&P at the close of each day that the S&P 500 is calculated.

Preliminary Value. "Preliminary Value" is defined as follows:

1. **On the Allocation Day the Account is established.** An amount equal to:
 - a. Net Premiums and loan repayments received on such Allocation Day that are designated to receive Index Interest; and
 - b. The unloaned Accumulation Value in the Interim Account designated to receive Index Interest; and
 - c. The Renewal Allocation Amount. (See "Renewal Allocation Amount".)

2. **On any other Policy Day.** An amount equal to:

- a. The unloaned Accumulation Value of the Account on such day; less
- b. Interest credited since the last Allocation Day on that portion of the Accumulation Value of the Account equal to outstanding loans.

Eligible Value. The Eligible Value at the end of each Account Period will be calculated as follows:

1. Take the total dollar amount of the guaranteed interest credited to the Preliminary Value in the preceding 12 months; and
2. Divide that total by the Eligible Value Factor found on the Rider Schedule.

Participation Rate. The Participation Rate is the percentage of the annual increase in the S&P 500 that will be used to calculate Index Interest. The Initial Participation Rate is shown on the Rider Schedule and is guaranteed for the Account established on the Date of Issue. We will declare a new Participation Rate that will apply to each new Account. The new Participation Rate may be higher or lower than the Initial Participation Rate. The new Participation Rate will never be lower than the Minimum Participation Rate shown on the Rider Schedule. Once an Account is created the Participation Rate will not change for that Account.

Any new Participation Rate will be based on Our future expectations as to: mortality; persistency; expenses; investment earnings; reinsurance costs; option prices; and any state and federal taxes. If a new Participation Rate is 0.00%, no Index Interest will be credited. We will not change any such rates in order to recoup any prior losses.

Renewal Allocation Percentage. This is the percentage of each Annual Index Account's unloaned Accumulation Value that will be allocated to a new Account. The initial Renewal Allocation Percentage is 100%. This percentage will remain in effect for each Account until changed by the Owner. If the Owner requests a change to a percentage that is less than 100%, the amount not being allocated to a new Account will be transferred to the Declared Interest Account, unless otherwise directed. The Renewal Allocation Percentage can never be more than 100%. We must receive Your Written request to change the Renewal Allocation Percentage at least 30 days prior to the end of the Account Period for which the change is to be made.

Renewal Allocation Amount. This amount on any Allocation Day is equal to the Renewal Allocation Percentage multiplied by the unloaned Accumulation Value of the Account ending on the day immediately preceding the Allocation Day, including any Index Interest credited to such Account.

Calculation of Index Interest Percentage. At the end of each Account Period, We will calculate the Index Interest Percentage used for crediting Index Interest to each Account by comparing the S&P 500 Value at the end of the Account Period to the S&P 500 Value at the beginning of the same Account Period to determine the percentage change in the S&P 500 Value over that one year period. That percentage change will then be multiplied by the Participation Rate to determine the annual interest rate used to calculate Index Interest credited to the Account for that Account Period. Annual changes can be positive or negative, but the Index Interest Percentage used to determine Index Interest cannot be less than zero.

If an Allocation Day is not a market day for the S&P 500, the Index Interest Percentage will be calculated using the S&P 500 Value that was published on the last market day before such Allocation Day. Such use of an earlier market day does not change an Account Period's beginning and ending dates. The term "market day" means a day the S&P 500 is determined and published.

The Index Interest Percentage calculation will be performed as follows:

- (a) Equals the ending S&P 500 Value minus the beginning S&P 500 Value
- (b) Equals (a) divided by the beginning S&P 500 Value
- (c) Equals (b) multiplied by the Participation Rate
- (d) Equals (c) minus the Account's Guaranteed Interest Rate
- (e) Index Interest Percentage: the greater of (d) or zero percent

Calculation of Index Interest. To calculate the amount of Index Interest to be credited to the Account, We will multiply the Account's Eligible Value by the Index Interest Percentage calculated for that Account Period.

Example 1. Assume that \$10,000 is the Account's Eligible Value and there is a positive change in the S&P 500 Value for the Account Period.

In this example, assume the following:

- The ending S&P 500 Value is 1,100
- The beginning S&P 500 Value is 1,000
- The Participation Rate is 90.00%
- The Account Guaranteed Interest Rate is 2.00%

(a) $1,100 - 1,000 = 100$

(b) $100/1,000 = 10.00\%$

(c) $10.00\% \times 90.00\% = 9.00\%$

(d) $9.00\% - 2.00\% = 7.00\%$

(e) Greater of 7.00% or 0.00% = 7.00%

Index Interest credited to Account = $\$10,000 \times 7.00\% = \700.00

Example 2. Assume that \$10,000 is the Account's Eligible Value and there is a negative change in the S&P 500 Value for the Account Period.

In this example, assume the following:

- The ending S&P 500 Value is 900

- The beginning S&P 500 Value is 1,000
- The Participation Rate is 90.00%
- The Account Guaranteed Interest Rate is 2.00%

(a) $900 - 1,000 = -100$

(b) $-100/1,000 = -10.00\%$

(c) $-10.00\% \times 90.00\% = -9.00\%$

(d) $-9.00\% - 2.00\% = -11.00\%$

(e) Greater of -11.00% or $0.00\% = 0.00\%$

Index Interest credited to Account = $\$10,000 \times 0.00\% = \0.00

Changing or Discontinuing the Index. If the Index is discontinued or the calculation of the Index is substantially changed, or if We elect to cease to use the Index, We may substitute a comparable index, subject to approval by any appropriate regulatory authority. Before a new index is used or the use of the Index is discontinued, a written notice will be sent to You at Your last known address and to the assignee(s) of record, if any, at the last known address of the assignee(s).

Policy Provisions Applicable. This rider is subject to the provisions of the policy to which it is attached except, as provided in this rider.

The effective date of this rider is the Date of Issue of the policy.



President

DISCLAIMER

The S&P 500 is a product of S&P Dow Jones Indices LLC and has been licensed for use by American General Life Insurance Company (AGL).

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Policy Number: 0000000000

RIDER SCHEDULE

Allocation Day:	[12 th Day of Each Month]
Account Guaranteed Interest Rate:	[2.00%]
Eligible Value Factor:	[.02]
Initial Participation Rate:	[50.00%]
Minimum Participation Rate:	[0.00%]
S&P 500® Value on the Date of Issue:	[1,000.00]

Returns that depend in part on index performance do not include the portion of returns generated by the underlying index that comes from dividends.

The elements used in determining Index Interest credited to each Account are not guaranteed and can be changed by the Company, subject to the guarantees under this rider. Any such changes can affect the actual amount of Index Interest credited to each Account.

AMERICAN GENERAL LIFE INSURANCE COMPANY

ANNUAL POINT-TO-POINT FIXED INDEX INTEREST ACCOUNT WITH INDEX CAP RIDER

This rider has been added to and made a part of the policy to which it is attached.

This rider allows the addition of Fixed Index Interest Accounts to the policy to which it is attached. Each Index Cap Account (Account) will have a duration of one year (Account Period). Each Account Period begins on the Allocation Day and ends on the same Allocation Day of the same month one year later. The initial Account Period begins on the Allocation Day shown on the Rider Schedule. (For example, an Account with an Account Period beginning on January 5, 2012 will end on January 5, 2013. The subsequent Account Period will begin on January 5, 2013.) Fixed Index Interest (Index Interest) may be credited to the policy's Accumulation Value as described in this rider. This rider will remain in force if the Owner elects to extend coverage past the Maturity Date stated on the Policy Schedule. However, premium payments will not be accepted after the Maturity Date.

Index Interest, if any, will be credited at the end of each Account Period. Index Interest is calculated based in part on the annual point-to-point percentage change in the S&P 500® ("Index"). Index Interest: 1) will vary among the various Accounts; 2) will depend upon the Index Caps and changes in the S&P 500; 3) and may be zero. Index interest will never be less than zero. The Index does not reflect dividends. Since Index Interest is determined at the end of each Account Period, no Index Interest will be added: 1) to the amount paid as a full surrender; 2) to the amount paid as a partial surrender; or 3) upon the death of the Insured (or the Last Surviving Contingent Insured, if applicable) occurring prior to the end of an Account Period.

Guaranteed interest will be credited monthly during the Account Period. The Account Guaranteed Interest Rate is shown on the Rider Schedule and will never change. Index Interest is in addition to guaranteed interest and is credited at the end of each Account Period. Interest credited on an Account will be added to that Account.

S&P 500. References in this rider to the S&P 500 mean the S&P 500® index, without dividends. It is an index of the stock of 500 publicly traded companies. The S&P 500 Value on the Date of Issue is shown on the Rider Schedule. "S&P 500 Value" means the value of the S&P 500 that is published by S&P at the close of each day that the S&P 500 is calculated.

Preliminary Value. "Preliminary Value" is defined as follows:

1. **On the Allocation Day the Account is established.** An amount equal to:
 - a. Net Premiums and loan repayments received on such Allocation Day that are designated to receive Index Interest; and
 - b. The unloaned Accumulation Value in the Interim Account designated to receive Index Interest; and
 - c. The Renewal Allocation Amount. (See "Renewal Allocation Amount".)

2. **On any other Policy Day.** An amount equal to:

- a. The unloaned Accumulation Value of the Account on such day; less
- b. Interest credited since the last Allocation Day on that portion of the Accumulation Value of the Account equal to outstanding loans.

Eligible Value. The Eligible Value at the end of each Account Period will be calculated as follows:

1. Take the total dollar amount of the guaranteed interest credited to the Preliminary Value in the preceding 12 months; and
2. Divide that total by the Eligible Value Factor found on the Rider Schedule.

Index Cap. The Index Cap limits the amount of interest that may be credited to the Account. The Initial Index Cap is shown on the Rider Schedule and is guaranteed for the Account established on the Date of Issue. We will declare a new Index Cap that will apply to each new Account. The new Index Cap may be higher or lower than the Initial Index Cap. The new Index Cap will never be lower than the Minimum Index Cap shown on the Rider Schedule. Once an Account is created the Index Cap will not change for that Account.

Any new Index Cap will be based on Our future expectations as to: mortality; persistency; expenses; investment earnings; reinsurance costs; option prices; and any state and federal taxes. If a new Index Cap is 0.00%, no Index Interest will be credited. We will not change any such rates in order to recoup any prior losses.

Renewal Allocation Percentage. This is the percentage of each Account's unloaned Accumulation Value that will be allocated to a new Account. The initial Renewal Allocation Percentage is 100%. This percentage will remain in effect for each Account until changed by the Owner. If the Owner requests a change to a percentage that is less than 100%, the amount not being allocated to a new Account will be transferred to the Declared Interest Account, unless otherwise directed. The Renewal Allocation Percentage can never be more than 100%. We must receive Your Written request to change the Renewal Allocation Percentage at least 30 days prior to the end of the Account Period for which the change is to be made.

Renewal Allocation Amount. This amount on any Allocation Day is equal to the Renewal Allocation Percentage multiplied by the unloaned Accumulation Value of the Account ending on the day immediately preceding the Allocation Day, including any Index Interest credited to such Account.

Calculation of Index Interest Percentage. At the end of each Account Period, We will calculate the Index Interest Percentage used for crediting Index Interest to each Account by comparing the S&P 500 Value at the end of the Account Period to the S&P 500 Value at the beginning of the same Account Period to determine the percentage change in the S&P 500 Value over that one year period. That percentage change will then be compared to the Index Cap to determine the annual interest rate used to calculate Index Interest credited to the Account for that Account Period. Annual changes can be positive or negative, but the Index Interest Percentage used to determine Index Interest cannot be less than zero.

If an Allocation Day is not a market day for the S&P 500, the Index Interest Percentage will be calculated using the S&P 500 Value that was published on the last market day before such Allocation Day. Such use of an earlier market day does not change an Account Period's beginning and ending dates. The term "market day" means a day the S&P 500 is determined and published.

The Index Interest Percentage calculation will be performed as follows:

- (a) Equals the ending S&P 500 Value minus the beginning S&P 500 Value
- (b) Equals (a) divided by the beginning S&P 500 Value
- (c) Equals the lesser of (b) or the Index Cap
- (d) Equals (c) minus the Account's Guaranteed Interest Rate
- (e) Index Interest Percentage: the greater of (d) or zero percent

Calculation of Index Interest. To calculate the amount of Index Interest to be credited to the Account, We will multiply the Account's Eligible Value by the Index Interest Percentage calculated for that Account Period.

Example 1. Assume that \$10,000 is the Account's Eligible Value and there is a positive change in the S&P 500 Value for the Account Period.

In this example, assume the following:

- The ending S&P 500 Value is 1,100
 - The beginning S&P 500 Value is 1,000
 - The Index Cap is 7.00%
 - The Account Guaranteed Interest Rate is 1.00%
- (a) $1,100 - 1,000 = 100$
 - (b) $100/1,000 = 10.00\%$
 - (c) Lesser of 10.00% or the Index Cap of 7.00% = 7.00%
 - (d) $7.00\% - 1.00\% = 6.00\%$
 - (e) Greater of 6.00% or 0.00% = 6.00%

Index Interest credited to Account = $\$10,000 \times 6.00\% = \600.00

Example 2. Assume that \$10,000 is the Account's Eligible Value and there is a negative change in the S&P 500 Value for the Account Period.

In this example, assume the following:

- The ending S&P 500 Value is 900

- The beginning S&P 500 Value is 1,000
 - The Index Cap is 7.00%
 - The Account Guaranteed Interest Rate is 1.00%
- (a) $900 - 1,000 = -100$
 - (b) $-100/1,000 = -10.00\%$
 - (c) Lesser of -10.00% or the Index Cap of 7.00% = -10.00%
 - (d) $-10.00\% - 1.00\% = -11.00\%$
 - (e) Greater of -11.00% or 0.00% = 0.00%

Index Interest credited to Account = $\$10,000 \times 0.00\% = \0.00

Changing or Discontinuing the Index. If the Index is discontinued or the calculation of the Index is substantially changed, or if We elect to cease to use the Index, We may substitute a comparable index, subject to approval by any appropriate regulatory authority. Before a new index is used or the use of the Index is discontinued, a written notice will be sent to You at Your last known address and to the assignee(s) of record, if any, at the last known address of the assignee(s).

Policy Provisions Applicable. This rider is subject to the provisions of the policy to which it is attached except, as provided in this rider.

The effective date of this rider is the Date of Issue of the policy.



President

DISCLAIMER

The S&P 500 is a product of S&P Dow Jones Indices LLC and has been licensed for use by American General Life Insurance Company (AGL).

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Policy Number: 0000000000

RIDER SCHEDULE

Allocation Day:	[12 th Day of Each Month]
Account Guaranteed Interest Rate:	[1.00%]
Eligible Value Factor:	[.01]
Initial Index Cap:	[50.00%]
Minimum Index Cap:	[0.00%]
S&P 500® Value on the Date of Issue:	[1,000.00]

Returns that depend in part on index performance do not include the portion of returns generated by the underlying index that comes from dividends.

The elements used in determining Index Interest credited to each Account are not guaranteed and can be changed by the Company, subject to the guarantees under this rider. Any such changes can affect the actual amount of Index Interest credited to each Account.

State:	Arkansas	Filing Company:	American General Life Insurance Company
TOI/Sub-TOI:	L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life		
Product Name:	AG GuaranteePlus IUL Riders		
Project Name/Number:	AG GuaranteePlus IUL Riders/AG GuaranteePlus IUL Riders		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Flesch Certification 12261 et al.pdf			
AR Certification of Compliance with AR Rule and Reg 19 - 12261 et al.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Approved 04/19/11		
Attachment(s):			
AGLC100565-2011.pdf			
AGLC100566-2011.pdf			

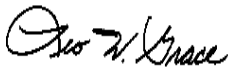
		Item Status:	Status Date:
Satisfied - Item:	L4339 Notice		
Comments:			
Attachment(s):			
L 4339 Notice.PDF			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
12261 stmt of variability.pdf			
12262 stmt of variability.pdf			

AMERICAN GENERAL LIFE INSURANCE COMPANY

ARKANSAS FLESCH CERTIFICATION

This is to certify that the attached Form No(s). **12261 and 12262** (has) achieved Flesch Reading Score of **52.337 and 55.148** and comply (ies) with the requirements of Arkansas Stat. Ann. §66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Leo W. Grace, FLMI
Vice President

November 2, 2012
Date

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: American General Life Insurance Company

Form Number(s): 12261– Annual Point-To-Point Fixed Index Interest Account with Participation Rate
Rider

12262– Annual Point-To-Point Fixed Index Interest Account with Index Cap Rider

I hereby certify that the filing above meets all applicable Arkansas requirements including the
requirements of Rule and Regulation 19.



Signature of Company Officer

Leo W. Grace, FLMI

Name

Vice President

Title

November 2, 2012

Date

American General

Life Companies

Life Insurance Application Part A

- ☐ American General Life Insurance Company, Houston, TX
☐ The United States Life Insurance Company in the City of New York, New York, NY
☐ American General Life Insurance Company of Delaware, Wilmington, DE

The insurance company checked above ("Company") is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

1. Primary Proposed Insured

First Name John MI Last Name Doe Social Security # 123-45-6789
Sex ☒ M ☐ F Birthplace* (state, country) Anytown, USA Date of Birth 12/28/75 Current Age 35
Tobacco Use Have you ever used any form of tobacco or nicotine products? ☐ yes ☒ no Type and quantity used
If yes, are you a current user? ☐ yes ☐ no If no, date of last use
Driver's License ☐ yes ☒ no License State Number
U.S. Citizen or Permanent Resident (Green Card holder) ☒ yes ☐ no
If no, Country of Citizenship Date of Entry Visa Type (Copy of Visa Required)
Address 123 Main Street City, State Anytown, USA ZIP 77704
Home Phone (713) 123-4567 Alternate Phone (713) 345-6789 Email Jdoe aol.com
Employer Steel Industries Occupation Machine Operator Length of Employment 5 years
Employer Address 123 West Road City, State Anytown, USA ZIP 77704
Duties Operate machines, Supervise other operators
Personal Earned Income \$ 50,000 Household Income \$ 50,000 Net Worth \$ 100,000
Personal Earned Income means salary, wages, commissions, fees, or other earned income received during the last 12 months, reduced by regular business expenses, but before all other deductions.
If Primary Proposed Insured is not self-supporting or is a child under age 18, what amount of insurance is in force on any of the following: Spouse \$ Father \$ Mother \$ Siblings \$

2. Other Proposed Insured

First Name MI Last Name Social Security #
Sex ☐ M ☐ F Birthplace* (state, country) Date of Birth Current Age
Relationship to Primary Proposed Insured
Tobacco Use Have you ever used any form of tobacco or nicotine products? ☐ yes ☐ no Type and quantity used
If yes, are you a current user? ☐ yes ☐ no If no, date of last use
Driver's License ☐ yes ☐ no License State Number
U.S. Citizen or Permanent Resident (Green Card holder) ☐ yes ☐ no
If no, Country of Citizenship Date of Entry Visa Type (Copy of Visa Required)
Address City, State ZIP
Home Phone () Alternate Phone () Email
Employer Occupation Length of Employment
Employer Address City, State ZIP
Duties
Personal Earned Income \$ Household Income \$ Net Worth \$
Personal Earned Income means salary, wages, commissions, fees, or other earned income received during the last 12 months, reduced by regular business expenses, but before all other deductions.
*for identification purposes only

3. Owner**A. Complete if the Primary Proposed Insured is not the Owner** (If contingent Owner is required, use Remarks section)

First Name _____ MI _____ Last Name _____ Sex ☐ M ☐ F
Social Security or Tax ID # _____ Date of Birth _____
U.S. Citizen ☐ yes ☐ no If no, Country of Citizenship _____ Date of Entry _____ Visa Type _____ Exp. Date _____
Address _____ City, State _____ ZIP _____
Home Phone () _____ Relationship to Primary Proposed Insured _____
Email _____

B. Complete if Owner is a trust (If trustee is a premium payor, also complete section 13 D)

Exact Name of Trust _____ Trust Tax ID # _____
Address _____ City, State _____ ZIP _____
Email _____
Current Trustee(s) _____ Date of Trust _____

4. Product Name (Complete appropriate supplemental application if applicable) Elite Universal Life

Amount Applied For: Base Coverage \$ 50,000 Supplemental Coverage (If applicable) \$ _____
Death Benefit Compliance Test Used (If applicable): ☒ Guideline Premium ☐ Cash Value Accumulation
Automatic Premium Loan (If applicable): ☐ yes ☒ no Premium Class Quoted _____
Reason for Insurance family protection

5. Premium Allocation (For Index UL only) (Complete line A, line B or line C based on the selected product)

Indicate how each premium received is to be allocated. **Total allocations must equal 100%. Use whole percentage only.**

A. 1-Year Index Interest Account _____% 5-Year Index Interest Account _____% Declared Interest Account _____%
B. 1-Year Index Cap Account _____% Annual Participation Rate Account _____% Declared Interest Account _____%
C. 1-Year Index Cap Account _____% 5-Year Index Interest Account _____% Declared Interest Account _____%
Other: _____

6. Death Benefit Options (For UL & VUL only) ☒ Option 1 - Level ☐ Option 2 - Increasing ☐ Option 3 - Level Plus Return of Premium**7. Riders/Benefits**

☐ Child Rider Amount \$ _____ (Complete Child Rider Attachment) or ☐ No current children
☐ Waiver of Premium ☐ Waiver of Monthly Deduction ☐ Waiver of Monthly Guarantee Premium
☐ Maturity Extension Rider - Accumulation Value ☐ Maturity Extension Rider - Death Benefit
☐ Terminal Illness Rider
☐ Accidental Death Benefit Amount \$ _____ ☐ Other Insured/Spouse Rider Amount \$ _____
☐ Select Income Rider (Complete the following if SI Rider selected) Benefit Duration _____ Monthly Benefit Amt \$ _____
☐ Disability Income Rider (Complete the following if DI Rider selected)
Number of Units (1 unit = \$100): _____ Occupational Class (Please check): ☐ 1 ☐ 2
☐ Other Riders/Benefits #1 _____ Amount/Unit(s) _____
☐ Other Riders/Benefits #2 _____ Amount/Unit(s) _____

8. Primary Beneficiary

Name <u>Jane Doe</u>	Relationship <u>wife</u>	Share <u>100</u> %	DOB _____	SSN _____
Name _____	Relationship _____	Share _____ %	DOB _____	SSN _____
Name _____	Relationship _____	Share _____ %	DOB _____	SSN _____
Name _____	Relationship _____	Share _____ %	DOB _____	SSN _____

9. Contingent Beneficiary

Name _____	Relationship _____	Share _____ %	DOB _____	SSN _____
Name _____	Relationship _____	Share _____ %	DOB _____	SSN _____

10. Trust Information (if Beneficiary) Exact Name of Trust _____

Trust Tax ID # _____ Current Trustee(s) _____ Date of Trust _____

11. Rider Beneficiaries (Complete if other than Primary Proposed Insured)

Other Insured/Spouse Rider _____ Relationship _____

12. Business Insurance Details *(Complete only if applying for business coverage)*Does any Proposed Insured have an ownership interest in the business? ☐ yes ☐ no

If yes, what is the percentage of ownership for the: Primary Proposed Insured _____% Other Proposed Insured _____%

Net Profit of Business \$ _____ Fair Market Value of Business \$ _____

If buy-sell, stock redemption, or key person insurance, will all partners or key people be covered? ☐ yes ☐ no

If no, provide the reason why all partners are not covered _____

Describe any special circumstances _____

13. Premium Payment ☒ Modal \$ 600 ☐ Single \$ _____ ☐ Additional Initial \$ _____**A. Frequency of modal premium:** ☐ Annual ☐ Semi-annual ☒ Quarterly ☐ Monthly *(Bank Draft only)***B. Method:** ☒ Direct Billing ☐ Bank Draft *(Complete Bank Draft Authorization)* ☐ List Bill: Number _____☐ Credit Card - Initial Premium Only *(Complete Credit Card Authorization) (Not available for VUL products)*☐ Other *(Please explain)* _____**C. Amount submitted with application \$** 600**D. Premium Payor** *(Complete if other than Owner or if Owner is Trustee)*First Name _____ MI _____ Last Name _____ Sex ☐ M ☐ F

Social Security or Tax ID # _____ Date of Birth _____

Relationship to Primary Proposed Insured _____

U.S. Citizen ☐ yes ☐ no If no, Country of Citizenship _____ Date of Entry _____ Visa Type _____ Exp. Date _____

Address _____ City, State _____ ZIP _____

14. Existing Coverage and Replacements**A. Does any Proposed Insured have any existing or pending annuities or life insurance policies?*** ☐ yes ☒ no**B. If question 14A is answered "yes", please provide the following information:**

Name of Proposed Insured	Type (see below)	Year of Issue	Face Amount	Insurance Company	Contract or Policy #	Is Coverage being Replaced?***	1035 Exchange
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes

Type: i= individual, b= business, g= group, p= pending life insurance or annuity

*If 14A is answered "yes", certain states require completion of replacement-related forms even when existing or pending life insurance or annuities are not being replaced by the life insurance policy being applied for.

"Replace" means that the life insurance policy being applied for may replace, change or use monetary value from an existing or pending life insurance policy or annuity contract. If the transaction is a replacement, also complete the replacement-related form for the state where the application is signed.**C. Disability Coverage** *(Complete only if Disability Income Rider coverage requested)Does any Proposed Insured have any existing or pending Disability insurance policies?** ☐ yes ☐ no*(If yes, complete the following regarding existing and pending disability insurance)*

Insurance Company	Benefit Amount	Benefit Period	Elimination Period	Year Issued
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. Background Information *(Complete questions A through J. If yes answer applies to any Proposed Insured, provide details specified after each question)*

- A.** Does any Proposed Insured intend to travel or reside outside of the United States or Canada within the next two years? ☐ yes ☒ no
(If yes, list country(ies), city(ies), date, length of stay(s), and purpose or complete the Foreign Travel and Residence Questionnaire) _____
- B.** In the past five years, has any Proposed Insured participated in, or does he or she intend to participate in: any flights as a trainee, pilot or crew member; scuba diving; skydiving or parachuting; ultralight aviation; auto racing; cave exploration; hang gliding; boat racing; mountaineering; extreme sports or other hazardous activities? ☐ yes ☒ no
(If yes, complete the Aviation and/or Avocation Questionnaire)
- C.** Has any Proposed Insured:
- 1) During the past 90 days submitted an application for life insurance to any company or begun the process of filling out an application? ☐ yes ☒ no
(If yes, list company name, amount applied for, purpose of insurance, and if application will be placed) _____
- 2) Ever had a life or disability insurance application modified, rated, declined, postponed, withdrawn, canceled or refused for renewal? ☐ yes ☒ no
(If yes, list date and reason) _____
- D.** Has any Proposed Insured ever filed for bankruptcy? ☐ yes ☒ no
(If yes, list chapter filed, date, reason, and discharge date) _____
- E.** In the past five years, has any Proposed Insured been charged with or convicted of any driving violations to include driving under the influence of alcohol or drugs? ☐ yes ☒ no
(If yes, list date, state, license #, and specific violation) _____
- F.** Has any Proposed Insured ever been convicted of or pled guilty or no contest to a criminal offense or currently have any felony or misdemeanor charge pending? ☐ yes ☒ no
(If yes, list date, county, state, charge, and current status) _____
- G.** Is any Proposed Insured an active duty service member of the US Armed Forces, a member of the National Guard or an active reservist of the US Armed Forces, or a dependent of an active duty service member of the US Armed Forces? ☐ yes ☒ no
(If yes, provide Pay Grade, Rank and any known foreign assignments. Complete the applicable Military Disclosure) _____
- H.** Is there an intention that any party, other than the Owner, will obtain any right, title, or interest in any policy issued on the life of any Proposed Insured as a result of this application? ☐ yes ☒ no
- I.** Does the Owner or any Proposed Insured intend to finance any of the premium required to pay for this policy through a financing or loan agreement? ☐ yes ☒ no
- J.** Is the Owner, any Proposed Insured, or any person or entity, being paid (cash, services, etc) as an incentive to enter into this transaction? ☐ yes ☒ no
(If yes, describe the incentive) _____

Remarks

16. Details and Explanations

The above listed life insurance company ("Company") as selected on page one of this application is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Agreement, Authorization to Obtain and Disclose Information and Signatures

I, the Primary Proposed Insured and Owner signing below, agree that I have read the statements contained in this application and any attachments or they have been read to me. They are true and complete to the best of my knowledge and belief. I understand that this application: (1) will consist of Part A, Part B, and if applicable, related attachments including supplement(s) and addendum(s); and (2) shall be the basis for any policy and any rider(s) issued. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

Except as may be provided in any Limited Temporary Life Insurance Agreement, I understand and agree that even if I paid a premium no insurance will be in effect under this application, or under any new policy or any rider(s) issued by the Company, unless or until all three of the following conditions are met: (1) the policy has been delivered and accepted; and (2) the full first modal premium for the issued policy has been paid; and (3) there has been no change in the health of any Proposed Insured(s) that would change the answers to any questions in the application before items (1) and (2) in this paragraph have occurred. I understand and agree that if all three conditions above are not met: (1) no insurance will begin in effect; and (2) the Company's liability will be limited to a refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

Limited Temporary Life Insurance Agreement ("LTLIA") – If I have received and accepted the LTLIA, I understand and agree that such insurance is available only on the life of the Primary Proposed Insured under the life policy (and the Other Proposed Insured under a joint and survivorship life policy, if applicable) and only if the following four conditions are met: (1) the full first modal premium is submitted with this application and paid; and (2) only "no" answers have been truthfully given to the questions regarding any Proposed Insured's health and age in section 3 of the LTLIA; and (3) Part A and Part B of the application must be completed, signed and dated; and (4) all medical exam requirements must be satisfied. I understand and agree that such insurance is not available with any riders or any accident and/or health insurance.

I understand and agree that no agent is authorized to: accept risks or pass upon insurability; make or modify contracts; or waive any of the Company's rights or requirements.

I have received a copy or have been read the Notices to the Proposed Insured(s).

I give my consent to all of the entities listed below to give to the Company, its legal representatives, American General Life Companies LLC ("AGLC") (an affiliated service company), and affiliated insurers all information they have pertaining to: medical consultations; treatments; surgeries; hospital confinements for physical and/or mental conditions; use of drugs or alcohol; drug prescriptions; or any other information for me, my spouse or my minor children. Other information could include items such as: personal finances; habits; hazardous avocations; motor vehicle records from the Department of Motor Vehicles; court records; or foreign travel, etc. I give my consent for the information outlined above to be provided by: any physician or medical practitioner; any hospital, clinic or other health care facility; pharmacy benefit manager or prescription database; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; or the Medical Information Bureau (MIB).

I understand the information obtained will be used by the Company to determine: (1) eligibility for insurance; and (2) eligibility for benefits under an existing policy. Any information gathered during the evaluation of my application may be disclosed to: reinsurers; the MIB; other persons or organizations performing business or legal services in connection with my application or claim; me; any physician designated by me; or any person or entity required to receive such information by law or as I may further consent.

I, as well as any person authorized to act on my behalf, may, upon written request, obtain a copy of this consent. I understand this consent may be revoked at any time by sending a written request to the Company, Attn: Underwriting Department at P.O. Box 1931, Houston, TX 77251-1931.

This consent will be valid for 24 months from the date of this application. I agree that a copy of this consent will be as valid as the original. I authorize AGLC or affiliated insurers to obtain an investigative consumer report on me. I understand that I may: request to be interviewed for the report; and receive, upon written request, a copy of such report. ☐ Check if you wish to be interviewed.

IRS Certification: Under penalties of perjury, I certify: (1) that the number shown on this application is my correct Social Security or Tax ID number; and (2) that I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code; and (3) that I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provisions of this document other than the certifications required to avoid backup withholding. You must cross out item (2) if you are subject to backup withholding and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).

Owner signed at (city, state) Anytown, USA On (date) 3/17/2011

Owner Signature X John Doe Title (If Corporate Officer or Trustee)

Primary Proposed Insured Signature (if other than Owner) X (If under age 15, signature of parent or guardian)

Other Proposed Insured Signature (if other than Owner) X (If under age 15, signature of parent or guardian)

Agent(s) Signature(s)

I certify that the information supplied has been truthfully and accurately recorded on the Part A application.

Writing Agent Name (please print) John Smith Writing Agent # 5678

Writing Agent Signature X John Smith Countersigned (Licensed resident agent if state required)

Agent's Report

1. Statements

- A. Does any Proposed Insured have any existing or pending annuities or life insurance policies? ☐ yes ☒ no
(If yes, certain states require completion of replacement-related forms even when other life insurance or annuities are not being replaced by the policy being applied for - please attach such forms)
- B. If yes to question 1 A., do you have any information that any Proposed Insured may replace, change, or use any monetary value of any existing or pending life insurance policy or annuity in connection with the policy being applied for? ☐ yes ☒ no
(If yes, please provide details in the Remarks section below and attach replacement-related forms)
- C. Number of years you have known Primary Proposed Insured: 10 years
Other Proposed Insured: _____
- D. Are you aware of any other information that would adversely affect any Proposed Insured's eligibility, acceptability, or insurability? (If yes, please provide details in the Remarks section below, and do not provide limited temporary life insurance) ☐ yes ☒ no
- E. Did you provide the Owner with a Limited Temporary Life Insurance Agreement? ☒ yes ☐ no

2. Remarks, Details and Explanations (Please include information on any collateral assignment, etc)

3. Commission, Agent/Agency Information (Please list servicing agent first)

Agent(s) to Receive Commission	Agency Number	Agent Number	Percent of Split
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %

4. Agent Agreement and Signature

I understand and agree that if I am made aware of any changes to any of the answers contained in any of the forms I will notify the company of the changes.

Writing Agent Name (Please print) John Smith Date 3/17/2011

Writing Agent Signature ☒ John Smith

State License # _____ Phone # _____

Email _____ Fax # _____

For Home Office use

Processing Center _____ Contact Person _____ Phone # _____

Servicing Agent (if other than writing agent) send policy/delivery requirements to _____

American General

Life Companies

Life Insurance Application Part B

- ☐ American General Life Insurance Company, Houston, TX
☐ The United States Life Insurance Company in the City of New York, New York, NY
☐ American General Life Insurance Company of Delaware, Wilmington, DE

The insurance company checked above ("Company") is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Personal Information

1. Proposed Insured (Complete separate Part B for each Proposed Insured)

John Doe 12/28/1975 123-45-6789
First Name MI Last Name Date of Birth Social Security #

Medical History

(Instructions: Please answer ALL medical history questions. Do not leave any questions blank.)

2. Physician Information

Name, address and phone number of the Proposed Insured's personal physician(s). (If no personal physician, provide name, address and phone # of doctor last seen)

Name Dr. John Smith Phone (713)123-4567

Address 123 Water Street City, State Anytown, USA ZIP 12345

Date, reason, findings and treatment at last visit annual check-up

3. Build

A. Admitted Height and Weight 6' ft 2" in 190 lbs

(Examiners: Also record measured height and weight on Exam page 1)

B. Has the Proposed Insured had any weight change in excess of 10 lbs in the **past year**? ☐ yes ☒ no If yes, complete the following:

Loss _____ lbs Gain _____ lbs Reason _____

If weight change was due to pregnancy, provide due/delivery date _____

4. Family History

Age if Living	Age at Death	Cause of Death	History of Heart Disease?	History of Cancer?
Father <u>65</u>			<input checked="" type="checkbox"/> no <input type="checkbox"/> yes _____ Age of Onset	<input checked="" type="checkbox"/> no <input type="checkbox"/> yes _____ Type _____ Age of Onset
Mother <u>60</u>			<input checked="" type="checkbox"/> no <input type="checkbox"/> yes _____ Age of Onset	<input checked="" type="checkbox"/> no <input type="checkbox"/> yes _____ Type _____ Age of Onset

5. Personal Health History

A. Has the Proposed Insured **ever** been diagnosed as having, been treated for, or consulted a licensed health care provider for:

- | | |
|---|---|
| 1) heart disease, heart attack, chest pain, irregular heartbeat, heart murmur, high cholesterol, high blood pressure or other disorder of the heart? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 2) a blood clot, aneurysm, stroke, or other disease, disorder or blockage of the arteries or veins? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 3) cancer, tumors, masses, cysts or other such abnormalities? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 4) diabetes, a disorder of the thyroid or other glands or a disorder of the immune system, blood or lymphatic system? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 5) colitis, hepatitis or a disorder of the esophagus, stomach, liver, pancreas, gall bladder or intestine? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 6) a disorder of the kidneys, bladder, prostate or reproductive organs or protein in the urine? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 7) asthma, bronchitis, emphysema, sleep apnea or other breathing or lung disorder? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 8) seizures, a disorder of the brain or spinal cord or other nervous system abnormality, including anxiety, depression or other psychiatric conditions? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 9) arthritis, muscle disorders, connective tissue disease or other bone or joint disorders? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |

(If yes, list condition and provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)

Details _____

B. Is the Proposed Insured currently taking any medication, treatment or therapy or under medical observation? ☐ yes ☒ no

(If yes, provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)

Details _____

C. Has the Proposed Insured in the **past three years** had but NOT sought treatment for:

- | | |
|--|---|
| 1) fainting spells, nervous disorder, headaches, convulsions or paralysis? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 2) any pain or discomfort in the chest or shortness of breath? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 3) disorders of the stomach, intestines or rectum, or blood in the urine? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |

(If yes, list condition such as: date of first occurrence; symptoms; and how treated)

Details _____

D. Has the Proposed Insured **ever**:

- | | |
|--|---|
| 1) sought or received medical advice, counseling or treatment by a medical professional for the use of alcohol or drugs, including prescription drugs? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 2) used cocaine, marijuana, heroin, controlled substances or any other drug, except as legally prescribed by a physician? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |

(If yes answered to D1 or D2, please provide details below)

Type of drug(s)/alcohol product(s) _____ Date last used _____

Frequency of use: ☐ Daily ☐ Weekly ☐ Monthly Amount usually used: _____

Name(s) of doctor/facility _____ Phone () _____

Address _____ City, State _____ ZIP _____

Treatment Dates _____

Support group(s) _____ Last date attended _____

Was treatment or support group attendance court ordered? ☐ yes ☒ no

Details of any drug or alcohol related arrests _____

5. Personal Health History (continued)

- E.** Has the Proposed Insured **ever** been diagnosed as having or been treated by any member of the medical profession for AIDS Related Complex (ARC) or Acquired Immune Deficiency Syndrome (AIDS)? ☐ yes ☒ no

(If yes, provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)

Details _____

- F.** Other than previously stated, in the **past 10 years**, has the Proposed Insured:
1) been hospitalized, consulted a health care provider or had any illness, injury or surgery? ☐ yes ☒ no

(If yes, provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)

Details _____

- 2) been advised to have any diagnostic test, hospitalization or treatment that was NOT completed? ☐ yes ☒ no

(If yes, provide details such as: date of first diagnosis; name, address, and phone # of doctor; recommended tests, medications or treatment)

Details _____

- 3) received or claimed disability or hospital indemnity benefits or a pension for any injury, sickness, disability or impaired condition? ☐ yes ☒ no

(If yes, list condition and provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)

Details _____

- G.** Has the Proposed Insured had any emergency room or emergency clinic visits during the **past 5 years**? ☐ yes ☒ no

(If yes, provide name and address of hospital or emergency clinic, reason for visit(s), and resolution of condition)

Details _____

- H.** Does the Proposed Insured have any symptoms or knowledge of any other condition that is NOT disclosed above? ☐ yes ☒ no

(If yes, provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)

Details _____

Agreement and Signatures

I, the Proposed Insured signing below, agree that I have read the statements contained in this application and any attachments or they have been read to me. They are true and complete to the best of my knowledge and belief. I understand that this application: (1) will consist of Part A, Part B, and if applicable, related attachments including supplement(s) and addendum(s); and (2) shall be the basis for any policy and any rider(s) issued. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

Except as may be provided in any Limited Temporary Life Insurance Agreement, I understand and agree that even if I paid a premium no insurance will be in effect under this application, or under any new policy or any rider(s) issued by the Company, unless or until all three of the following conditions are met: (1) the policy has been delivered and accepted; and (2) the full first modal premium for the issued policy has been paid; and (3) there has been no change in the health of the Proposed Insured(s) that would change the answers to any questions in the application before items (1) and (2) in this paragraph have occurred. I understand and agree that if all three conditions above are not met: (1) no insurance will begin in effect; and (2) the Company's liability will be limited to a refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

I understand and agree that no agent is authorized to: accept risks or pass upon insurability; make or modify contracts; or waive any of the Company's rights or requirements.

I have received a copy or have been read the Notices to the Proposed Insured(s).

Fraud

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

SIGNATURE OF PROPOSED INSURED

Signed at (city, state) Anytown, USA On (date) 3/17/2011

X John Doe
Proposed Insured (If under age 15, signature of parent or guardian)

SIGNATURE(S) OF INTERVIEWER(S) – TO BE SIGNED BY ALL INTERVIEWERS, AS APPLICABLE

I certify that the information supplied by the Proposed Insured has been truthfully and accurately recorded on the Part B application.

If Agent recorded information

John Agent 223344 3/17/2011
Writing Agent Name (Please print) Writing Agent # Date

X John Agent X _____
Writing Agent Signature Countersigned (Licensed resident agent if state required)

If Tele-interviewer recorded information

Name (Please print) Company Date

If Paramedical Examiner/Medical Doctor recorded information

Examiner Address _____ Paramed: Use company stamp below.

Examiner Phone # () _____

Examiner Name _____

Examiner Signature _____

X _____ Date _____

Physical Measurements

1. Proposed Insured

A. Name _____

B. Build: Measured Height (*in shoes*) _____ ft _____ in Weight (*clothed*) _____ lbs (*Please weigh insured*)
If unable to obtain accurate weight, please provide reason _____

C. Blood Pressure (*three readings required*): If blood pressure exceeds 140/90, repeat reading at end of examination.*

Select cuff size: ☐ Standard BP cuff ☐ Large BP cuff

	1st Reading	2nd Reading	3rd Reading	*Repeat Reading
Systolic BP				
Diastolic 5th Phase BP				
Pulse Rate				
Irregularities Per Min.				

D. Did you weigh Proposed Insured? ☐ yes ☐ no

E. Have any of the following been completed in conjunction with this exam?

☐ Blood ☐ Urine ☐ EKG ☐ Stress Test

F. Is appearance unhealthy or older than stated age? ☐ yes ☐ no

G. Do you have any pertinent information not disclosed previously? ☐ yes ☐ no

(*Details of yes answers to questions F and G*)

H. Are you related to the Proposed Insured by blood or marriage or do you have any business or professional relationship with the Proposed Insured? (*If yes, explain*) ☐ yes ☐ no

Report By Examining Medical Doctor

Instructions to doctor:

To be completed in private by doctor only. Examination of heart and lungs must be with stethoscope against bare skin.

1) Heart

a. Is there any cyanosis, edema, or evidence of peripheral vascular disease, arteriosclerosis or other cardiovascular disorder? ☐ yes ☐ no

b. Is heart enlarged? (*If yes, describe*) ☐ yes ☐ no

c. Is murmur present? (*If yes, complete 1d*) ☐ yes ☐ no

d. Before exercise, murmur is:

☐ Constant Transmitted to where? _____

☐ Inconstant Localized at: ☐ Apex ☐ Base ☐ Elsewhere

☐ Systolic (*Give details*) _____

☐ Diastolic Murmur grade: (*Please circle*) 1/6 2/6 3/6 4/6 5/6 6/6

After valsalva, murmur is:

☐ Unchanged ☐ Decreased ☐ Increased ☐ Absent

Your impression _____

Report by Examining Medical Doctor (continued)

2) Has this examination revealed any abnormality of the following: *(Provide details to yes answers below)*

a) Eyes, ears, nose, mouth and throat? *(If vision or hearing is markedly impaired, indicate degree and correction)* ☐ yes ☐ no

Details _____

b) Endocrine system *(including thyroid)?* ☐ yes ☐ no

Details _____

c) Nervous system *(including reflexes, gait, paralysis)?* ☐ yes ☐ no

Details _____

d) Respiratory system? ☐ yes ☐ no

Details _____

e) Abdomen *(including scars)?* ☐ yes ☐ no

Details _____

f) Genito-urinary system? ☐ yes ☐ no

Details _____

g) Skin *(including scars)*, lymph nodes, blood vessels *(including varicose veins)?* ☐ yes ☐ no

Details _____

h) Musculoskeletal system *(including spine, joints, amputations, deformities)?* ☐ yes ☐ no

Details _____

Signature

Paramedical Examiner/Medical Doctor Signature

I certify that this exam was conducted the _____ day of _____, 20_____, at _____ ☐ am ☐ pm

Location of Exam _____ **Paramed: Use company stamp below.**

Examiner Address _____

Examiner Phone # () _____

Examiner Name _____

Examiner Signature **X** _____

(Agent should inform Paramedical Examiner/Medical Doctor of proper location to send form upon completion)

American General Life Insurance Company

The following addresses and telephone numbers are furnished for your information:

The name, address, and phone number of your agent is:

Name

Address

Phone Number

The name, address, and phone number of the company is:

American General Life Insurance Company
P.O. Box 1931
Houston, Texas 77251
(713) 522-1111

You may contact the State Insurance Department, Consumer Services Division, at 1200 West Third Street, Little Rock, Arkansas 72201-1904, or call them at (501) 371-2640 or toll free at (800) 852-5494.

The notice is for information only and does not become a part or condition of your policy or contract.

AMERICAN GENERAL LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
12261

Variability in the following items marked with an asterisk (*) is needed so the Company can adjust these rates and amounts based on future conditions, including the economic conditions such as bond interest rates and administrative, underwriting and marketing considerations.

ALLOCATION DAY. Fixed Indexed Interest Accounts will be established on an Allocation Day. Once a policy is issued the Allocation Day will not change. However, we reserve the right to offer more frequent or less frequent Allocation Days for future policies issued.

***ACCOUNT GUARANTEED INTEREST RATE.** The Account Guaranteed Interest Rate will be declared at issue. From time to time the Company will periodically declare a new Account Guaranteed Interest Rate. Such rate will never be less than 0.25% or more than 4%. Once a policy is issued the Account Guaranteed Interest Rate stated on the Rider Schedule will not change.

***ELIGIBLE VALUE FACTOR.** The Eligible Value Factors are based upon the guaranteed interest rates. These factors will vary as the guaranteed interest rates vary.

***INITIAL PARTICIPATION RATE.** The Initial Participation Rate will be declared at issue. From time to time the Company will periodically declare new participation rates. Neither the initial participation rate nor a new participation rate will be less than the declared Minimum Participation Rate or greater than 100%.

***MINIMUM PARTICIPATION RATE.** The Minimum Participation Rate will be declared at issue. From time to time the Company will periodically declare a new minimum rate. The Minimum Participation Rate will never be less than 0% nor more than 15%. Once a policy is issued the Minimum Participation Rate will not change.

S&P 500® VALUE. This is an index of the stock of 500 publicly traded companies. The actual S&P 500 Value on the Date of Issue will be shown on the Rider Schedule.

AMERICAN GENERAL LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
12262

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State:	Arkansas	Filing Company:	American General Life Insurance Company
TOI/Sub-TOI:	L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life		
Product Name:	AG GuaranteePlus IUL Riders		
Project Name/Number:	AG GuaranteePlus IUL Riders/AG GuaranteePlus IUL Riders		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/02/2012	Replaced 11/08/2012	Supporting Document	Statement of Variability	11/06/2012	12261 stmt of variability.pdf (Superceded) 12262 stmt of variability.pdf (Superceded)

AMERICAN GENERAL LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
12261

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